EXHIBIT D

Debtor Certificate of Correction

Form 403 (Revised 01/06)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709 Filing Fee: \$15

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Certificate of Correction

This space reserved for office use.



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Corporations Section

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Entity Information	
The name of the filing entity is:	
Free Speech Systems, LLC	
State the name of the entity as currently shown in the records of the secretary of state corrects the name of the entity, state the present name and not the name as it will be	e. If the certificate of correction corrected.
The file number issued to the filing entity by the secretary of state is:	800898797
Filing Instrument to be Correcte	
The filing instrument to be corrected is: Certificate of Formation	
The date the filing instrument was filed with the secretary of state:	11/16/2007
Identification of Errors and Correc	mm/dd/yyyy
(Indicate the errors that have been made by checking the appropriate box or box The entity name is inaccurate or erroneously stated. The corrected	
The registered agent name is inaccurate or erroneously stated. The name is: Corrected Registered Agent (Complete either A or B, but not both.)	e corrected registered agent
A. The registered agent is an organization (cannot be entity named above) by	the name of:
OR B. The registered agent is an individual resident of the state whose na	me is:
First Middle Last Name	Suffix

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Form 403 Secretary of State

The registered office address is inaccurate or erroneously stated. The corrected registered office address is:		
Corrected Registered Office Address		
		TX
Street Address (No P.O. Box)	City	State Zip Code
The purpose of the entity is in follows:	naccurate or erroneously stated.	The purpose is corrected to read as
The period of duration of the of the period of duration is corrected.	entity is inaccurate or erroneous d to read as follows:	sly stated.
	ication of Other Errors and C as that have been made by checking an	orrections d completing the appropriate box or boxes.)
Other errors and corrections. The following inaccuracies and errors in the filing instrument are corrected as follows:		
_ 	_	uld be added to the filing instrument. full text of the provision is set forth
Alter The following identifit to be corrected. The full text of each	•	rument contain inaccuracies or errors orth below:
Article 3 - Governing Authority Alex Jones, Manager 910 West Mary Street, Austin, Te	exas 78704	
✓ Delete Each of the provision	s identified below was included	in error and should be deleted.
Article 3 - Governing Authority Kelly Jones, Manager		
6601 Dogwood Creek Drive, Aus	tin, Texas 78746	

Form 403

Defective Execution The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 12 15 2001

Signature and title of authorized person (see instructions)

Form 403 5